# Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 1 of 57

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	William First name  James Middle name  Branske Last name and Suffix (Sr., Jr., II, III)	Sherry First name  Josephine Middle name  Branske  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		FKA Sherry J Stolarz
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6491	xxx-xx-1785

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 2 of 57

Debtor 1 William James Branske
Debtor 2 Sherry Josephine Branske

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and		■ I have not used any business name or EINs.  Business name(s)	■ I have not used any business name or EINs.  Business name(s)			
	doing business as names	EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		1905 Tall Oaks Drive #2607				
		Aurora, IL 60505 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Kane				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 3 of 57

Deb	otor 2 Sherry Josephine	Branske				Case number (if known)	
Par	t 2: Tell the Court About	our Bankı	ruptcy C	ase			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	■ Chapte	er 7				
		☐ Chapte	er 11				
		☐ Chapte	er 12				
		☐ Chapte	er 13				
8.	How you will pay the fee	■ I wi	ill pay th	o antiro foo when	I file my netition. Please chec	k with the clerk's office in your local court for	r moro dotaile
о.	now you will pay the lee	abo	out how year. If you	ou may pay. Typic	cally, if you are paying the fee yo	urself, you may pay with cash, cashier's chealf, your attorney may pay with a credit card	eck, or money
					<b>Ilments.</b> If you choose this optic (Official Form 103A).	on, sign and attach the Application for Individ	luals to Pay
		but	is not red	quired to, waive yo	our fee, and may do so only if yo	n only if you are filing for Chapter 7. By law, ur income is less than 150% of the official po n installments). If you choose this option, you	overty line that
						ial Form 103B) and file it with your petition.	i must mi out
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	□ No.	Go to	line 12.			
	residence?	Yes.	Has y	our landlord obtair	ned an eviction judgment agains	t you and do you want to stay in your reside	nce?
				No. Go to line 12	2.		
				Yes. Fill out <i>Initia</i> bankruptcy petiti		Judgment Against You (Form 101A) and file	it with this

Debtor 1 William James Branske

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 4 of 57

	otor 1 William James Bra stor 2 Sherry Josephine		Dodain	Case number (if known)				
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	etor				
	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.					
	business:	☐ Yes.	Yes. Name and location of business					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ite & ZIP Code				
	it to this petition. Check the appropriate box to describe your business:							
			Health Care Business (as defined in 11 U.S.C. § 101(27A))					
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
			☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))					
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))				
			☐ None of the above	е				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).						
	For a definition of small	■ No.	I am not filing under Cha	pter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own or	Have Any	Hazardous Property or An	y Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat	☐ Yes.						
	of imminent and	□ 1es.	What is the hazard?					
	identifiable hazard to public health or safety?							
	Or do you own any		Miles and Parks attending to					
	property that needs immediate attention?		If immediate attention is needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?					
				Number, Street, City, State & Zip Code				

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 5 of 57

Debtor 1 William James Branske
Debtor 2 Sherry Josephine Branske

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 6 of 57

	tor 1 tor 2	William James Bra Sherry Josephine		Document	i age o oi	_	mber (if known)		
Par	t 6:	Answer These Questi	ons for Re	porting Purposes					
16.		t kind of debts do have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  ☐ No. Go to line 16b.					
				Yes. Go to line 17.					
				re your debts primarily business debts? Business debts are debts that you incurred to obtain oney for a business or investment or through the operation of the business or investment.					
				☐ No. Go to line 16c.					
				Yes. Go to line 17.					
			16c. -	State the type of debts you owe that	at are not consum	ner debts or bus	iness debts	-	
17.		you filing under oter 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.				
	after prop	ou estimate that any exempt erty is excluded and		I am filing under Chapter 7. Do you are paid that funds will be available			property is excluded and administrativ tors?	e expenses	
		administrative expenses are paid that funds will		No					
	distr	vailable for ibution to unsecured itors?		Yes					
18. How many Creditors do			<b>1</b> -49		<b>1</b> ,000-5,000		<b>2</b> 5,001-50,000		
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		☐ 50,001-100,000			
			☐ 100-19 ☐ 200-99		10,001-25,00	JO	☐ More than100,000		
19.	19. How much do you estimate your assets to		<b>=</b> \$0 - \$5		□ \$1,000,001 -		\$500,000,001 - \$1 billion		
		orth?		1 - \$100,000 01 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		□ \$1,000,000,001 - \$10 bil □ \$10,000,000,001 - \$50 b		
		□ \$500,001 - \$1 million		□ \$100,000,001 - \$500 million		☐ More than \$50 billion			
20.		much do you nate your liabilities	\$0 - \$5	,	□ \$1,000,001 -				
	to be	?	■ \$50,001 - \$100,000 □ \$100,001 - \$500,000		□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million		□ \$10,000,000,001 - \$50 B		
			\$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million		☐ More than \$50 billion		
Part	t 7:	Sign Below							
For	you		I have exa	amined this petition, and I declare u	ınder penalty of p	erjury that the ir	nformation provided is true and correct	t.	
							ible, under Chapter 7, 11,12, or 13 of I I choose to proceed under Chapter 7		
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					S				
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.									
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 and 3571.								
			/s/ Willia	m James Branske			sephine Branske		
				James Branske of Debtor 1		Sherry Josep Signature of De	phine Branske ebtor 2		
			Executed	on October 27, 2016 MM / DD / YYYY			October 27, 2016 MM / DD / YYYY		

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 7 of 57

Debtor 1 Debtor 2	William James Br Sherry Josephine		Page 7 of 57	se number (if known)	
For your a represente	ttorney, if you are ed by one	under Chapter 7, 11, 12, or 13 of title 11, Unit	ed States Code, and have	e informed the debtor(s) about eligibility to proce explained the relief available under each chapt debtor(s) the notice required by 11 U.S.C. § 34	er
•	not represented by y, you do not need page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.	s, certify that I have no know	wledge after an inquiry that the information in th	ne` ´
		/s/ Lawrence W. Lobb	Date	October 27, 2016	
		Signature of Attorney for Debtor		MM / DD / YYYY	
		Lawrence W. Lobb  Printed name			
		Drendel & Jansons Law Group Firm name			
		111 Flinn St.  Batavia, IL 60510  Number, Street, City, State & ZIP Code			

Email address

lwl@batavialaw.com

Contact phone **630-406-5440** 

**6293245**Bar number & State

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main

		1200:11111	<u> </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	William James Br	ranske		
	First Name	Middle Name	Last Name	
Debtor 2	Sherry Josephine	e Branske		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an amended filing

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,190.31
	1c. Copy line 63, Total of all property on Schedule A/B	\$	6,190.31
Pai	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	65,211.72
	Your total liabilities	\$	65,211.72
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,217.47
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,006.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a nersonal	family or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 9 of 57

Debtor 1 William James Branske
Debtor 2 Sherry Josephine Branske

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main

	30C 10 O-1071 B	Document Document	Page 10 of 57	10 17:00:00	30 Main
Fill in this infor	mation to identify your c	ase and this filing:			
Debtor 1	William James Bra	ınske			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	Sherry Josephine First Name	Branske Middle Name	Last Name		
	and an and an a O an and for a the a		INOIC		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF ILI	LINUIS		
Case number _					☐ Check if this is an amended filing
Official Fo	orm 106A/B				
Schedul	e A/B: Prope	erty			12/15
hink it fits best. B nformation. If mor Answer every ques	de as complete and accurate re space is needed, attach a stion.	items. List an asset only once. It as possible. If two married peo separate sheet to this form. On Land, or Other Real Estate You (	ple are filing together, both a the top of any additional pag	re equally responsible for s	upplying correct
. Do you own or i	nave any legal or equitable	interest in any residence, buildir	ig, iand, or similar property?		
No. Go to Par	rt 2.				
☐ Yes. Where i	s the property?				
Part 2: Describe	Your Vehicles				
3. Cars, vans, tr ☐ No ☐ Yes	ucks, tractors, sport util	ity vehicles, motorcycles			
3.1 Make:	Chevy	Who has an interest in	the property? Check one		claims or exemptions. Put
_	Suburban	Debtor 1 only	the property: Check one		ed claims on Schedule D: nims Secured by Property.
Year:	2002	■ Debtor 2 only			
Approximat	te mileage: 207,0		2 only	Current value of the entire property?	Current value of the portion you own?
Other inforr		At least one of the de	btors and another		
	dition n: 1905 Tall Oaks Driv urora, IL 60505	Check if this is com	munity property	\$1,200.00	\$1,200.00
Examples: Boa  No Yes  Add the dolla pages you ha	ats, trailers, motors, person ar value of the portion you ave attached for Part 2. V	Vs and other recreational venal watercraft, fishing vessels, but own for all of your entries write that number here	snowmobiles, motorcycle a	y entries for	\$1,200.00
					portion you own?

Do not deduct secured claims or exemptions.

De	ebtor 1			34371 es Brans	Doc 1	Filed 10/27/16 Document	Entere Page 1:	ed 10/27/16 17:0 1 of 57	)3:38	Desc Main
De	ebtor 2			hine Br				Case number	(if known)	
	<i>Exampl</i> □ No	old goods les: Major a	appliand			china, kitchenware				
						Furnishings all Oaks Drive #2607	, Aurora IL	60505		\$300.00
	□ No	les: Televis	ng cell			, stereo, and digital equ dia players, games	pment; comp	uters, printers, scanners	s; music c	ollections; electronic devices
				Misc. E	lectronics	<u> </u>			1	\$100.00
				WIISO. L	icoti omos	'			1	
			es and t		paintings, pri orabilia, colled		ooks, pictures	, or other art objects; sta	amp, coin,	or baseball card collections;
	_	Describe.								
9.				graphic, e		other hobby equipment	bicycles, poc	ol tables, golf clubs, skis	; canoes a	and kayaks; carpentry tools;
	■ No □ Yes.	Describe.								
10.	_ `		s, rifles	, shotguns	s, ammunition	on, and related equipmen	nt			
	■ No □ Yes	Describe.								
11.	Clothe Examp	s	day clo	thes, furs	, leather coat	ts, designer wear, shoe	s, accessories	3		
	_ 100.	Describe.							•	
					Vearing Ap on: 1905 Ta	oparel all Oaks Drive, #260	7, Aurora, I	L 60505		\$200.00
	□ No <sup>′</sup>	bles: Every	,,	velry, cost	tume jewelry,	, engagement rings, wed	dding rings, ho	eirloom jewelry, watches	s, gems, ç	gold, silver
	Yes.	Describe.								
				Misc. J Locatio		all Oaks Drive, #260	7, Aurora, I	L 60505		\$2,500.00
	Exam	ı <b>rm animal</b> ples: Dogs,		oirds, hors	ees					
	■ No □ Yes	Describe.								
				l la a	ald Harry	and district the Property of t	lm almalin m	baalab alda 201	-4 !!-1	
	Any ot ■ No	ner perso	nai and	ı nouseh	old items yo	ou did not already list,	including an	y nealth aids you did r	ot list	
		Give spec	ific info	rmation						

Official Form 106A/B Schedule A/B: Property page 2

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 12 of 57

Debtor 1 Debtor 2	William James Bra Sherry Josephine		Case number (if known	n)
			art 3, including any entries for pages you have attached	\$3,100.00
	scribe Your Financial Ass vn or have any legal or		any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	oles: Money you have in		me, in a safe deposit box, and on hand when you file your peti	ition
			ounts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.	e houses, and other similar
			Institution name:	
	17.1	Checking	Chase Bank	\$137.95
	17.2	. Checking	Chase	\$52.36
Exam <sub>l</sub> ■ No	, mutual funds, or publoles: Bond funds, investr		okerage firms, money market accounts	
	ublicly traded stock an enture	d interests in incorpo	orated and unincorporated businesses, including an intere	est in an LLC, partnership, and
■ No □ Yes.	Give specific information N	n about themame of entity:	 % of ownership:	
Negoti Non-n ■ No	iable instruments include egotiable instruments ar	e personal checks, cas e those you cannot tra	tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.	
□ res.	Give specific information Is	suer name:		
Examp	ment or pension accou ples: Interests in IRA, ER		03(b), thrift savings accounts, or other pension or profit-sharing	g plans
■ No □ Yes.	List each account separ Type	ately. e of account:	Institution name:	
Your s Exam		sits you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compa	anies, or others
□ No ■ Yes.			Institution name or individual:	
	Rer	ntal deposit	John Kearney, 1648 Estate Circle, Naperville, IL 60565	\$1,700.00

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Page 13 of 57 Document Debtor 1 William James Branske Case number (if known) Debtor 2 **Sherry Josephine Branske** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No
□ Yes. Describe each claim.......

☐ Yes. Give specific information..

Official Form 106A/B Schedule A/B: Property page 4

	Cas	se 16-34371	Doc 1	Filed 10/27/16		0/27/16 17:03:38	Desc Main
Debtor		am James Brans		Document	Page 14 of	_	
Debtor	Sher	ry Josephine Bra	anske			Case number (if known)	
	_	ent and unliquidate	ed claims of	every nature, including	g counterclaims	of the debtor and rights to	set off claims
ЦΥ	es. Descri	be each claim					
35. <b>An</b>	y financial	assets you did not	already list				
	es. Give s	pecific information					
		•		om Part 4, including a		-	\$1,890.31
Dowl Co	D	Deciment Deleted	Daniel Ver	O II I		eta in Bant 4	
Part 5:	Describe A	any Business-Related	Property You	Own or Have an Interest I	n. List any real esta	ate in Part 1.	
	-		table interest	in any business-related p	roperty?		
	o. Go to Part						
LI Ye	es. Go to line	38.					
	_						
Part 6:		<b>Any Farm- and Comme</b> or have an interest in fa		Related Property You Own Part 1.	n or Have an Interes	st In.	
	•						
	No. Go to P		equitable in	iterest in any farm- or o	commercial fishir	ng-related property?	
_	Yes. Go to Pa						
	res. Golo	iine 47.					
Part 7:	Descr	ibe All Property You	Own or Have a	an Interest in That You Dic	Not List Above		
53. <b>Do</b>	vou have	other property of a	ny kind you (	did not already list?			
		ason tickets, country					
<b>■</b> N							
ЦΊ	es. Give sp	pecific information					
54. <b>A</b>	dd the doll	ar value of all of yo	our entries fr	om Part 7. Write that n	umber here		\$0.00
Part 8:	List the	Totals of Each Part	of this Form				
55. <b>P</b>	art 1· Total	real estate, line 2					\$0.00
		vehicles, line 5			\$1,200.00		Ψ0.00
		personal and hous	sehold items	 s, line 15	\$3,100.00		
58. <b>P</b>	art 4: Total	financial assets, li	ne 36		\$1,890.31		
		business-related p			\$0.00		
		farm- and fishing-			\$0.00		
61. <b>P</b>	art 7: Total	other property not	t listed, line t	54 +	\$0.00		
62. <b>T</b>	otal persor	nal property. Add lin	nes 56 throug	h 61	\$6,190.31	Copy personal property to	otal <b>\$6,190.31</b>

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$6,190.31

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 15 of 57

		17///////	10 1 100: 1:7371 :77	
Fill in this infor	mation to identify your	case:		
Debtor 1	William James Bı	ranske		
	First Name	Middle Name	Last Name	
Debtor 2	Sherry Josephine	e Branske		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				<b>—</b> 01 1 7 7 1 1
(if known)				☐ Check if this is a amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt
---

Pa	Int 1: Identify the Property You Claim as E	xempt				
1.	Which set of exemptions are you claiming	? Check one only, ever	n if your spouse is filing with you.			
	■ You are claiming state and federal nonban	kruptcy exemptions. 1	11 U.S.C. § 522(b)(3)			
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
2.	r any property you list on Schedule A/B that you claim as exempt, fill in the information below.					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Check only one box for each exemption.			
	2002 Chevy Suburban 207,000 miles Fair condition	\$1,200.00	<b>\$1,200.00</b>	735 ILCS 5/12-1001(c)		
	Location: 1905 Tall Oaks Drive, #2607, Aurora, IL 60505 Line from Schedule A/B: 3.1		100% of fair market value, up to any applicable statutory limit			

Fair condition –	\$1,200.00	\$1,200.00	( )	
Location: 1905 Tall Oaks Drive, #2607, Aurora, IL 60505 Line from <i>Schedule A/B</i> : 3.1		100% of fair market value, up to any applicable statutory limit		
Misc. Household Furnishings Location: 1905 Tall Oaks Drive #2607, -	\$300.00	\$300.00	735 ILCS 5/12-1001(b)	
Aurora IL 60505 Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit		
Misc. Electronics	\$100.00	\$100.00	735 ILCS 5/12-1001(b)	
Line Holl Gareage A.B. III		100% of fair market value, up to any applicable statutory limit		
Misc. Wearing Apparel Location: 1905 Tall Oaks Drive,	\$200.00	\$200.00	735 ILCS 5/12-1001(a)	
#2607, Aurora, IL 60505 Line from <i>Schedule A/B</i> : 11.1		100% of fair market value, up to any applicable statutory limit		
Misc. Jewelry Location: 1905 Tall Oaks Drive,	\$2,500.00	\$2,500.00	735 ILCS 5/12-1001(b)	
#2607, Aurora, IL 60505 Line from Schedule A/B: 12.1		100% of fair market value, up to any applicable statutory limit		

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 16 of 57

William James Branske

**Sherry Josephine Branske** Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase Bank** 735 ILCS 5/12-1001(b) \$137.95 \$137.95 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Checking: Chase** 735 ILCS 5/12-1001(b) \$52.36 \$52.36 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Rental deposit: John Kearney, 1648 735 ILCS 5/12-901 \$1,700.00 \$1,700.00 Estate Circle, Naperville, IL 60565 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main

		17/1/11/11	.111 1 1/1(1) . 1 / (1) . 1 /	
Fill in this inform	mation to identify your	case:		
Debtor 1	William James B	ranske		
	First Name	Middle Name	Last Name	
Debtor 2	Sherry Josephine	e Branske		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				

#### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main

			Document	Page 1	8 of 57		
Fill i	n this inform	ation to identify your	case:				
Debt	or 1	William James Br	anske				
		First Name	Middle Name	Last Name			
Debt	or 2 se if, filing)	Sherry Josephine	Branske Middle Name	Last Name			
Unite	ed States Ban	kruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS			
Case	e number						
(if kno	wn)					☐ Check if this is an	ก
						amended filing	
Offi	cial Form	106F/F					
			ho Have Unsecure	d Claims		12/1	5
ny e Sched Sched eft. A	kecutory contr lule G: Execut lule D: Credito ttach the Cont	acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec	e Part 1 for creditors with PRIO that could result in a claim. Als ired Leases (Official Form 1066 ured by Property. If more space e. If you have no information to	so list executory on i). Do not include is needed, copy	contracts on Schedule A/B: Prop any creditors with partially sect the Part you need, fill it out, nur	perty (Official Form 106A/B) ured claims that are listed in ober the entries in the boxes	and on n s on the
Part	1: List All	of Your PRIORITY Un	secured Claims				
1. [	o any credito	rs have priority unsecure	d claims against you?				
	No. Go to Pa	art 2.					
	Yes.						
Part	2: List All	of Your NONPRIORIT	Y Unsecured Claims				
3. [	o any credito	rs have nonpriority unsec	cured claims against you?				
[	☐ No. You hav	e nothing to report in this p	art. Submit this form to the court w	vith your other sche	edules.		
ı	Yes.						
t	insecured claim	, list the creditor separately	aims in the alphabetical order o y for each claim. For each claim lis st the other creditors in Part 3.If yo	sted, identify what t	ype of claim it is. Do not list claim:	s already included in Part 1. If	
						Total claim	
4.1	ATG Cre	edit, LLC	Last 4 digits of a	account number	2638	•	\$39.00
		Creditor's Name Cortland St.	When wee the d	2 له مستده من خطما	Onened 09/14		
	Ste. 201	Cortiana St.	When was the d	lebt incurred?	Opened 08/14		
		, IL 60622					
		reet City State ZIp Code red the debt? Check one.	As of the date ye	ou file, the claim i	s: Check all that apply		
	Debtor		П				
	■ Debtor	•	☐ Contingent				
		•	☐ Unliquidated				
	_	1 and Debtor 2 only	☐ Disputed	IORITY unsecured	ł claim:		
		one of the debtors and and this claim is for a comi			a viaiilli		
	debt	if this claim is for a comi n subject to offset?	nunity — • • • • • • • • • • • • • • • • • •	rising out of a sepa	ration agreement or divorce that y	ou did not	
	■ No	-			g plans, and other similar debts		
	☐ Yes		Other Specific	y Collection			
			— Other, openi	<i></i>			

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 19 of 57

Debtor 1 William James Branske

Sherry Josephine Branske		Case number (if know)	
ATG Credit, LLC	Last 4 digits of account number	3108	\$8.00
Nonpriority Creditor's Name 1700 W. Cortland St. Ste. 201	When was the debt incurred?	Opened 03/14	
Chicago, IL 60622 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	and the same and t	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
□Yes	Other. Specify Collection		
ATG Credit, LLC	Last 4 digits of account number	8934	\$6.00
Nonpriority Creditor's Name 1700 W. Cortland St. Ste. 201	When was the debt incurred?	Opened 11/15	
Chicago, IL 60622			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d alaim.	
At least one of the debtors and another	Student loans	u Ciaiiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
— No □ Yes	Other. Specify Collection	ig plans, and oner similar debis	
BHS Digestive Disease Associates Nonpriority Creditor's Name	Last 4 digits of account number	0800	\$75.00
3722 S. Harlem Suite 102	When was the debt incurred?	04/29/2014	
Riverside, IL 60546	_		
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	П.		
Debtor 2 only	☐ Contingent		
■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
,	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	☐ Student loans	u Juiiii	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other Specify Medical se	= :	
55	- Other. Specify		

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 20 of 57

	William James Branske Sherry Josephine Branske		Case number (if know)	
	Capital One Bank USA N Nonpriority Creditor's Name	Last 4 digits of account number	5096	\$2,103.00
	15000 Capital One Dr Richmond, VA 23238	When was the debt incurred?	Opened 12/06 Last Active 6/18/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit card	aration agreement or divorce that you did not g plans, and other similar debts	
		Other. Specify Oreals data	puronases	
	Capital One Bank USA N Nonpriority Creditor's Name	Last 4 digits of account number	6470	\$1,779.00
	15000 Capital One Dr Richmond, VA 23238	When was the debt incurred?	Opened 01/07 Last Active 6/18/16	
-	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims		
	■ No	$\square$ Debts to pension or profit-sharing		
	Yes	Other. Specify Credit card	purchases	
	Chase-BP Nonpriority Creditor's Name	Last 4 digits of account number	5905	Unknown
	Attn: Correspondence Dept P.O. Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 3/01/78 Last Active 7/02/12	
_	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	$\square$ Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card	purchases	

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 21 of 57

Debtor 1 William James Branske

Debte	Sherry Josephine Branske		Case number (if know)	
4.8	Chicago Health Medical Group  Nonpriority Creditor's Name	Last 4 digits of account number	A683	\$1,000.00
	P.O. Box 14000 Belfast, ME 04915-4033	When was the debt incurred?	01/26/2014	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Medical se	rvices	
4.9	Chicago Market Labs	Last 4 digits of account number	multiple	\$250.00
	Nonpriority Creditor's Name 3231 S. Euclid Ave	When was the debt incurred?	08/20/2015	
	Berwyn, IL 60402-3467  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	<u> </u>		
		☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another	Student loans	d Claim.	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	tration agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical se	rvices	
4.1	CMRE Financial Services Inc	Last 4 digits of account number	0067	\$89.00
0	Nonpriority Creditor's Name			
	3075 E Imperial Hwy. Suite 200	When was the debt incurred?	Opened 03/16	
	Brea, CA 92821  Number Street City State Zlp Code	As of the date you file, the claim	in Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан тат арргу	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	_	Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	Student loans		
	debt  Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection	<b>.</b> ,	
	<b>□</b> 169	Other Specify	_	

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 22 of 57

Debtor 1 William James Branske

Sherry Josephine Branske		Case number (if know)			
Comcast	Last 4 digits of account number	7632	\$800.0		
Nonpriority Creditor's Name	Last 4 digits of account number		<b>4000.0</b>		
155 Industrial Dr.	When was the debt incurred?	08/5/2016			
Elmhurst, IL 60126-1618	· A Call Late				
Number Street City State Zlp Code  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.					
Debtor 1 only	_				
Debtor 2 only	☐ Contingent				
_	Unliquidated				
Debtor 1 and Debtor 2 only					
Type of NONPRIORITY unsecured claim:					
Check if this claim is for a community	Student loans				
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
No	Debts to pension or profit-sharing	g plans, and other similar debts			
☐Yes	Other. Specify Utility serv	ice			
Comenity Bank/Carson's	Last 4 digits of account number	7281	\$1,172.0		
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ1,172.0		
3100 Easton Square Place	When was the debt incurred?	Opened 08/14 Last Active 5/20/16			
Columbus, OH 43219  Jumber Street City State Zlp Code	As of the date you file, the claim i	St. Chaele all that apply			
Who incurred the debt? Check one.	As of the date you me, the claim	<b>5.</b> Спеск ан тат арру			
Debtor 1 only	Пол				
_	Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	Disputed	d alabas			
At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	a claim:			
☐ Check if this claim is for a community lebt					
s the claim subject to offset?	Obligations arising out of a separe report as priority claims	ration agreement or divorce that you did not			
No	□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify				
⊒ Yes					
ESB/Harley-Davidson Credit Corp.  Nonpriority Creditor's Name	Last 4 digits of account number	0300	\$10,762.0		
P.O. Box 21829 Carson City, NV 89721	When was the debt incurred?	Opened 07/15 Last Active 4/15/16			
Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply			
Who incurred the debt? Check one.	_				
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
☐ Check if this claim is for a community	☐ Student loans				
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
□ Yes	Loan for pu  Other. Specify repossesses	rchase of motorcycle (now ed)			

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 23 of 57

Debtor 2	William James Branske Sherry Josephine Branske		Case number (if know)	
4	Frontier Communication Nonpriority Creditor's Name	Last 4 digits of account number	3112	\$599.00
	19 John St	When was the debt incurred?	Opened 08/11	
	Middletown, NY 10940			
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	_	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Utility serv	ice	
4.1	Illinois Pathology Associates,Ltd.	Last 4 digits of account number	6879	\$25.00
	Nonpriority Creditor's Name	-		• • • • • • • • • • • • • • • • • • • •
	P.O.Box 5965	When was the debt incurred?	11/23/2015	
	Carol Stream, IL 60197-5965  Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Medical set	vices	
0	J.B. Robinson Jewelers	Last 4 digits of account number	3371	\$4,982.00
	Nonpriority Creditor's Name		Opened 08/15 Last Active	
	375 Ghent Rd	When was the debt incurred?	4/11/16	
	Fairlawn, OH 44333	- Acceptants and a state of		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	O continuent		
	Debtor 2 only	☐ Contingent		
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
	At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
	_	☐ Student loans		
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Charge Acc	count	

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 24 of 57

tor 2 Sherry Josephine Branske		Case number (if know)			
Kohl's/Capital One	Last 4 digits of account number	9000	\$765.00		
Nonpriority Creditor's Name	_				
N56 W 17000 Ridgewood Dr. Menomonee Falls, WI 53051	When was the debt incurred?	When was the debt incurred? Opened 10/08 Last Active 5/22/16			
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
·	Type of NONPRIORITY unsecure	d claim:			
☐ At least one of the debtors and another	☐ Student loans	a dam.			
☐ Check if this claim is for a community debt  Is the claim subject to offset?		aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts			
	' '				
Yes	Other. Specify Credit card	l purchases			
Liam Dixon	Last 4 digits of account number		\$2,000.00		
Nonpriority Creditor's Name 556 W. Galena Blvd Aurora, IL 60506	When was the debt incurred?	11/1/2015			
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
☐ Debtor 1 only	☐ Contingent				
Debtor 2 only					
	☐ Unliquidated				
■ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d alaim.			
At least one of the debtors and another	Student loans	u ciaiii.			
☐ Check if this claim is for a community debt	_				
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharir				
Yes	Other. Specify Legal servi	ces			
MacNeal Hospital	Lock A digito of page unt number	multiple	\$3,000.00		
Nonpriority Creditor's Name	Last 4 digits of account number		ψ3,000.00		
2384 Paysphere Circle Chicago, IL 60674-0023	When was the debt incurred?	01/1/2015			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.					
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
■ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts			
☐ Yes	Other. Specify Medical se	rvices			

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 25 of 57

Debtor 1 Debtor 2	William James Branske 2 Sherry Josephine Branske		Case number (if know)	
·	MacNeal Physicians Group	Last 4 digits of account number	1854	\$400.00
	Nonpriority Creditor's Name 2384 Paysphere Circle Chicago, IL 60674-0023	When was the debt incurred?	01/1/2016	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Medical ser	rvices	
	Macy's Dept Store National Bank Nonpriority Creditor's Name	Last 4 digits of account number	2760	\$900.00
!	9111 Duke Blvd Mason, OH 45040	When was the debt incurred?	Opened 10/14 Last Active 9/22/15	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4	Merrick Bank	Last 4 digits of account number	1805	\$1,977.00
	Nonpriority Creditor's Name  P.O. Box 9201	When was the debt incurred?	Opened 11/05 Last Active 8/18/10	
	Old Bethpage, NY 11804  Number Street City State Zlp Code	As of the date you file, the claim i	s: Chook all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card	purchases	

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 26 of 57

Debtor 1 William James Branske Debtor 2 Sherry Josephine Branske Case number (if know) 4.2 \$39.00 Metropolitan Advanced Radiology 2638 Last 4 digits of account number 3 Nonpriority Creditor's Name 1700 W. Cortland St. When was the debt incurred? 08/1/2014 Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical services ☐ Yes Metropolitian Advanced 4.2 8419 \$120.00 Radiological Last 4 digits of account number Nonpriority Creditor's Name 1362 Paysphere Circle When was the debt incurred? 01/1/2014 Chicago, IL 60674-1362 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical services ☐ Yes 4.2 Midland Funding 1587 \$1,315.00 Last 4 digits of account number Nonpriority Creditor's Name 2365 Northside Dr Ste 30 When was the debt incurred? **Opened 03/11** San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection ☐ Yes

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 27 of 57

Debtor Debtor	William James Branske Sherry Josephine Branske		Case number (if know)	
4.2	Miramed Revenue Group	Last 4 digits of account number	4286	\$189.00
	Nonpriority Creditor's Name  991 Oak Creek Drive	When was the debt incurred?		
	Lombard, IL 60148-6408  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collection		
4.2	Monterey Financial Services, Inc.	Last 4 digits of account number	8446	\$3,204.72
	Nonpriority Creditor's Name 4095 Avenida de La Plata Oceanside, CA 92056	When was the debt incurred?	02/20/2015	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Unsecured	personal loan	
4.2	North American		4321	\$30.00
8	Partners-Anesthesia Nonpriority Creditor's Name	Last 4 digits of account number	<del></del>	φ30.00
	P.O. Box 69 Glen Head, NY 11545-0069	When was the debt incurred?	01/7/2016	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical se	rvices	

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 28 of 57

Debtor Debtor	<ul><li>1 William James Branske</li><li>2 Sherry Josephine Branske</li></ul>		Case number (if know)	
4.2	Personal Physicians	Last 4 digits of account number	2110	\$5,000.00
	Nonpriority Creditor's Name 5909 W. 35th St Cicero, IL 60804-4163	When was the debt incurred?	02/1/2014	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	<u> </u>		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No □ Debts to pension or profit-sharing plans, and other similar debts		g plans, and other similar debts	
	☐ Yes	Other. Specify Medical set	rvices	
4.3	Portfolio Recovery Associates, Inc.  Nonpriority Creditor's Name	Last 4 digits of account number	4307	\$2,018.00
	287 Independence Virginia Beach, VA 23462	When was the debt incurred?	Opened 05/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection		
4.3	Portfolio Recovery Associates, Inc.	Last 4 digits of account number	5514	\$500.00
	Nonpriority Creditor's Name 287 Independence	When was the debt incurred?	Opened 03/11	
	Virginia Beach, VA 23462  Number Street City State Zlp Code	As of the date you file, the claim	is: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Collection		

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 29 of 57

Debtor 1 William James Branske

Debto	Sherry Josephine Branske		Case number (if kno				
4.3	Presence Behavioral Health	Last 4 digits of account number	9944		\$20.00		
	Nonpriority Creditor's Name 1820 S. 25th Ave	When was the debt incurred?	05/10/2016				
	Broadview, IL 60155 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	/			
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or d	ivorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other sim	ilar debts			
	Yes	Other. Specify Medical se	rvices				
4.3	Salerno's Galewood Chapels	Last 4 digits of account number	MARO		\$4,120.00		
	Nonpriority Creditor's Name 1857 N. Harlem Avenue Chicago, IL 60707	When was the debt incurred?	08/11/2012				
	Number Street City State Zlp Code						
	Who incurred the debt? Check one.	neck one.					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	■ Debtor 1 and Debtor 2 only	☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or d	ivorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other sim	ilar debts			
	Yes	■ Other. Specify Funeral exp	penses for father	r			
4.3	Synchrony Bank/Discount Tire	Last 4 digits of account number	7575		\$2,028.00		
4	Nonpriority Creditor's Name				• ,		
	P.O. Box 965036 Richmond, VA 23238	When was the debt incurred?	Opened 04/11 12/26/15	Last Active			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	/			
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Debtor 1 and Debtor 2 only					
	$\square$ At least one of the debtors and another	At least one of the debtors and another Type of NONPRIORITY unsecured claim:					
	$\square$ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or d	ivorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other sim	ilar debts			
	☐ Yes	■ Other Specify Charge Acc	count				

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 30 of 57

Debtor 1 William James Branske Debtor 2 Sherry Josephine Branske Case number (if know) 4.3 0001 Verizon Wireless \$1.500.00 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 4002 09/1/2016 When was the debt incurred? Acworth, GA 30101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utility service 4.3 Wells Fargo Dealer Services, Inc. 0730 \$12,397.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 05/15 Last Active P.O. Box 1697 When was the debt incurred? 11/10/15 Winterville, NC 28590 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Loan for purchase of automobile (now ☐ Yes Other. Specify repossessed) Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **ATG Credit** Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2638 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ATG Credit, LLC Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 14895 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60614-4895 Last 4 digits of account number 8419 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **CMRE Financial Services Inc.** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3075 E. Imperial Hwy. ■ Part 2: Creditors with Nonpriority Unsecured Claims #200 Brea, CA 92821-6753 Last 4 digits of account number 5001 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 31 of 57

Debtor 1 William James Branske Sherry Josephine Branske	Case number (if know)		
Dependon Collection service , Inc.	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
P.O. BOX 4833 Oak Brook, IL 60522-4833		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Oak Blook, IL 00322-4033	Last 4 digits of account number	2440	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
Diversified Consultants Inc	Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Box 551268 Jacksonville, FL 32255-1268		■ Part 2: Creditors with Nonpriority Unsecured Claims	
040100111111011110111110111111111111111	Last 4 digits of account number	4303	
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?	
M3 Financial services, Inc.	Line <b>4.20</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
P.O. Box7230 Westchester, IL 60154-6230		Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	2190	

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.		6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 65,211.72
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 65,211.72

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main

		17(7(7))			
Fill in this infor	Fill in this information to identify your case:				
Debtor 1	William James B	ranske			
	First Name	Middle Name	Last Name		
Debtor 2	Sherry Josephine	e Branske			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					
(ii kilowii)					

#### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Pe	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Aaron's Furniture 1218 N. Lake St. Aurora, IL 60506	Rent to own RCA 55" television.
2.2	John Kearney 1648 Estate Circle naperville, IL 60565	Lease of residential condo (\$850.00 a month).

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main

		Docume	nt Page 33 d	of 57
Fill in this i	nformation to identify your	case:		
Debtor 1	William James Br	anaka		
Debioi	First Name	Middle Name	Last Name	
Debtor 2	Sherry Josephine	e Branske		
(Spouse if, filing		Middle Name	Last Name	
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
	,,			
Case number	er			
(if known)				Check if this is an
				amended filing
Official	Form 106H			
		1.4		
Schedi	ule H: Your Cod	ebtors		12/15
■ No □ Yes  2. Withit Arizona ■ No. 0	in the last 8 years, have you, California, Idaho, Louisiana, to to line 3. Did your spouse, former spou	l <b>lived in a community pro</b> Nevada, New Mexico, Pue	operty state or territo erto Rico, Texas, Wash	ry? (Community property states and territories include
in line 2 Form 1 out Col	2 again as a codebtor only i 06D), Schedule E/F (Official	f that person is a guarant Form 106E/F), or Schedu	or or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to fil Column 2: The creditor to whom you owe the debt Check all schedules that apply:
				_
3.1	omo			Schedule D, line
IN	ame			☐ Schedule E/F, line
				☐ Schedule G, line
	umber Street ity	State	ZIP Code	
3.2	ame			Schedule D, line
IN	umo			☐ Schedule E/F, line
				☐ Schedule G, line
N	umber Street			<del>_</del>
С	ity	State	ZIP Code	

#### Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 34 of 57

Deb	tor 1	William Jam	es Branske						
	tor 2	Sherry Jose	phine Branske						
Unit	ed States Bankrupto	y Court for the	: NORTHERN DISTRIC	CT OF ILLI	INOIS				
Cas (If kno	e number 			-		□ A	ck if this is: an amended filing a supplement shor 3 income as of th	wing postpetition ch	ıapter
<u>Of</u>	ficial Form 1	<u> 1061</u>				N	MM / DD/ YYYY		
So	hedule I: Y	our Inc	ome						12/1
Be assupp	s complete and acc llying correct inforn se. If you are separ h a separate sheet	nation. If you rated and you	sible. If two married peo are married and not fili Ir spouse is not filing w On the top of any additi	ng jointly, ith you, do	and your spouse is not include informa	living with	you, include inf t your spouse. If	ormation about yo more space is ne	e for our eded,
Be assupp	s complete and acc llying correct inforn se. If you are separ h a separate sheet	mation. If you rated and you to this form.	are married and not filing wi	ng jointly, ith you, do	and your spouse is not include informa	living with	you, include inf t your spouse. If	ormation about yo more space is ne	e for our eded,
Be assupp	s complete and accomplying correct informations. If you are separth a separate sheet  Describe I  Fill in your employ	mation. If you rated and you to this form.	are married and not filing wi	ng jointly, ith you, do onal page	and your spouse is o not include informa es, write your name a	living with	you, include inf t your spouse. If umber (if known	ormation about yo more space is ne ). Answer every qu	e for our eded,
Be assupp	s complete and according correct information.  It is a complete and according correct information.  Second information correct information.	mation. If you rated and you to this form. Employment	are married and not filing wi	ng jointly, ith you, do onal page	and your spouse is o not include informa es, write your name a	living with	you, include inf t your spouse. If umber (if known Debtor 2 or no	ormation about yo more space is ne	e for our eded,
Be assupp	s complete and according to correct information.  It you have more the attach a separate prinformation about according to correct information according to correct information.	mation. If you rated and you to this form.  Employment rment an one job, age with	are married and not filing wi	ng jointly, ith you, do onal page  Debtor	and your spouse is o not include informa es, write your name a	living with	you, include inf t your spouse. If umber (if known	ormation about yo more space is ne ). Answer every qu n-filing spouse	e for our eded,
Be assupp spou attac	s complete and according to correct information.  It was a separate sheet  Describe I  Fill in your employ information.  If you have more that attach a separate parate pa	mation. If you rated and you to this form.  Employment rment an one job, age with	are married and not filing wing the top of any additions the top of any additions.	ng jointly, ith you, do onal page  Debtor	and your spouse is o not include informates, write your name at a loyed employed	living with	you, include inft your spouse. If umber (if known)  Debtor 2 or not	ormation about yo more space is ne ). Answer every qu n-filing spouse	e for our eded,
Be assupp spou attac	s complete and according to correct information.  It you have more the attach a separate prinformation about according to correct information according to correct information.	mation. If you rated and you to this form.  Employment rment an one job, age with dditional easonal, or	are married and not filing work on the top of any addition the top of any additional top of addition	Debtor  Emp  Not 6	and your spouse is o not include informates, write your name at a loyed employed	living with ition about nd case nu	you, include inft your spouse. If umber (if known)  Debtor 2 or not	ormation about yo more space is ne ). Answer every qu n-filing spouse	e for our eded,
Be assupp	s complete and according correct information.  If you have more that attach a separate prinformation about a employers.  Include part-time, so	mation. If you rated and you to this form.  Employment rement  an one job, age with dditional  easonal, or the clude student	are married and not filing work on the top of any addition the top of	Debtor  Emp  Not 6  Wareh  Wise F	and your spouse is o not include informates, write your name at a loyed employed ouse	living with ition about nd case nu	you, include inft your spouse. If umber (if known)  Debtor 2 or not	ormation about yo more space is ne ). Answer every qu n-filing spouse	e for our eded,
Be assupp spou attac	s complete and according correct information.  If you have more that attach a separate prinformation about an employers.  Include part-time, so self-employed work.	mation. If you rated and you to this form.  Employment rement  an one job, age with dditional  easonal, or the clude student	are married and not filing work on the top of any addition to the top of any addition the top of any addition to the top of any addition to the top of any addition to the top of any additional top of additional top of any additional top of any additional top of additional top	Debtor  Emp  Not 6  Wareh  Wise F	and your spouse is o not include informates, write your name at a sloyed employed em	living with tion about nd case no	you, include inft your spouse. If umber (if known)  Debtor 2 or not	ormation about yo more space is ne ). Answer every qu n-filing spouse	e for our eded,

more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,296.67 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 344.50 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 2,641.17 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

# Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 35 of 57

	tor 1 tor 2	William James Branske Sherry Josephine Branske		C	Case	number ( <i>if</i>	known)					
					For	Debtor 1	I		or Debtor			
	Сор	y line 4 here	4.		\$	2,64	41.17	\$		0.00		
5.	List	all payroll deductions:										
-	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	20	91.94	\$		0.00	)	
	5b.	Mandatory contributions for retirement plans	5b.		<u>\$</u> —		0.00	\$		0.00		
	5c.	Voluntary contributions for retirement plans	5c.		<u> </u>		0.00	\$		0.00	_	
	5d.	Required repayments of retirement fund loans	5d.		\$		0.00	\$		0.00		
	5e.	Insurance	5e.		\$		0.00	\$		0.00		
	5f.	Domestic support obligations	5f.		\$		0.00	\$		0.00	<u> </u>	
	5g.	Union dues	5g.		\$		0.00	\$		0.00	)	
	5h.	Other deductions. Specify: OASDI	5h	.+	\$	16	63.76	+ \$ _		0.00	)	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	4	55.70	\$		0.00	)	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,18	35.47	\$_		0.00	)	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
		monthly net income.	8a.		\$		0.00	\$_		0.00	_	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b. n <b>t</b>		\$		0.00	\$_		0.00	<u>)</u>	
		settlement, and property settlement.	8c.		\$		0.00	\$		0.00	)	
	8d.	Unemployment compensation	8d.		\$		0.00	\$		0.00	)	
	8e.	Social Security	8e.		\$		0.00	\$	1	,032.00	)	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.		\$		0.00	\$		0.00	)	
	8g.	Pension or retirement income	8g		\$		0.00	\$		0.00	)	
	8h.	Other monthly income. Specify:	8h	.+	\$_		0.00	+ \$_		0.00	)	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>		0.00	\$_		1,032.0	00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	:	2,185.47	7 + \$	1	,032.00	= \$	3.21	7.47
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		,	J L		,			
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedulade contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no cify:	ur depe		,	,		•	Schedul	e <i>J</i> . +\$		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certies							e. 12.	\$	3,21	7.47
										Comb	ined Ny inco	ome
13.	Do y	No. Yes. Explain:	m?									

# Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 36 of 57

FIII I	n this informa	ation to identify yo	our case:								
Debt	btor 1 William James Branske						Check if this is:				
Debt (Spo	tor 2 buse, if filing)	Sherry Jose	phine Bra	☐ An amended filing ☐ A supplement showing postpetition chapt 13 expenses as of the following date:							
Unite	ed States Bankı	ruptcy Court for the	: NORTH	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY				
	e number nown)										
		orm 106J	Evnor	nege				40/4/			
Be a	as complete rmation. If m		possible eded, atta	. If two married people ar ich another sheet to this							
Part	1: Desci	ribe Your House	hold								
١.	□ No. Go to										
	_		in a separ	ate household?							
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	otor 2.				
2.	Do you hav	e dependents?	■ No								
	Do not list D Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not state							□ No			
	dependents	names.						☐ Yes ☐ No			
								☐ Yes			
								□ No			
								☐ Yes			
								□ No □ Yes			
3.	Do your exp	penses include	_	No				□ res			
		f people other t d your depende	han $_{\square}$	Yes							
exp	mate your ex	a date after the	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp							
the		h assistance an		government assistance in Sluded it on Schedule I: Y			Your exp	enses			
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgag	e 4. S	<b>.</b>	850.00			
	If not include	ded in line 4:									
	4a. Real e	estate taxes				4a. S	6	0.00			
		erty, homeowner's	s, or renter	's insurance		4b.		0.00			
				upkeep expenses		4c. \$	·	0.00			
5.		owner's associat		dominium dues <b>our residence</b> , such as ho	me equity loans	4d. 5	·	0.00			
٥.	Additional	nortgage payin	cities for yo	on residence, such as 110	no equity idalis	J. ,		0.00			

## Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 37 of 57

Sherry Josephine Branske	Case number (if kn	own)
<b>25</b> :		
	6a. \$	150.00
	6b. \$	0.00
Telephone, cell phone, Internet, satellite, and cable services	6c. \$	80.00
Other. Specify:	6d. \$	0.00
and housekeeping supplies	7. \$	650.00
care and children's education costs	8. \$	0.00
ng, laundry, and dry cleaning	9. \$	80.00
nal care products and services	10. \$	100.00
al and dental expenses	11. \$	100.00
portation. Include gas, maintenance, bus or train fare.	· <del></del>	
include car payments.	12. \$	700.00
ainment, clubs, recreation, newspapers, magazines, and books	13. \$	80.00
able contributions and religious donations	14. \$	0.00
ince.		
	45- A	0.00
	· —	0.00
	· —	60.00
	· —	90.00
	15d. \$	0.00
	16 ¢	0.00
<b>,</b>	10. ф	0.00
	17a \$	0.00
• •	· —	0.00
• •	· —	66.00
		0.00
		0.00
		0.00
	\$	0.00
y:	19.	
real property expenses not included in lines 4 or 5 of this form or on So	chedule I: Your Inco	me.
Mortgages on other property	20a. \$	0.00
Real estate taxes	20b. \$	0.00
Property, homeowner's, or renter's insurance	20c. \$	0.00
Maintenance, repair, and upkeep expenses	20d. \$	0.00
Homeowner's association or condominium dues	20e. \$	0.00
: Specify:	21. +\$	0.00
late value mentility evenence		
	•	3 006 00
•		3,006.00
dd line 22a and 22b. The result is your monthly expenses.	\$_	3,006.00
late your monthly net income.		
Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,217.47
Copy your monthly expenses from line 22c above.	23b\$	3,006.00
		-,
Subtract your monthly expenses from your monthly income.		044.47
The result is your monthly net income.	23c.  \$	211.47
u expect an increase or decrease in your expenses within the year after Imple, do you expect to finish paying for your car loan within the year or do you expect y		to increase or decrease because of a
onnie, do vou expect to unistripaving for vout cat loan within the year of do you expect \	roui mondade payment	to increase of decrease decause of a
	3.3.1.7	
ation to the terms of your mortgage?		
- MEV-OSSITS MILLION COLONO CHI CINFFINE I AGO INO S-	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: and housekeeping supplies tare and children's education costs ng, laundry, and dry cleaning nal care products and services al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations nee. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20.  Include insurance Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Dother. Specify: Dayments of alimony, maintenance, and support that you did not report ted from your pay on line 5, Schedule I, Your Income (Official Form 106 payments you make to support others who do not live with you.  Increase a specifical property expenses not included in lines 4 or 5 of this form or on Schotter association or condominium dues Specify: Lopy line 22 (monthly expenses dd lines 4 through 21. Lopy line 22 (monthly expenses dd lines 22 and 22b. The result is your monthly expenses. Late your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above.  Subtract your monthly expenses from line 22c above.  Subtract your monthly expenses from line 22c above.	Electricity, heat, natural gas Water, sewer, garbage collection Geb. \$ Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: God. \$ Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: God. \$ Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: God. \$ Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: God. \$ Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: God. \$ Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: God. \$ Telephone, Ch

Fill in this inform	ation to identify your	case:		
Debtor 1	William James Bı	ranska		
200101 1	First Name	Middle Name	Last Name	<del></del>
Debtor 2	Sherry Josephine	Branske		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				_ 0, ,,,,,,
(if known)				Check if this is an amended filing
f two married ped fou must file this bbtaining money	ople are filing togethe	r, both are equally respor ile bankruptcy schedules n connection with a bank		
Sign	Below			
Did you pay	or agree to pay some	one who is NOT an attor	ney to help you fill out bankrup	otcy forms?
■ No				
☐ Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	y of perjury, I declare true and correct.	that I have read the sumi	mary and schedules filed with t	this declaration and
X /s/ Willia	am James Branske		X /s/ Sherry Joseph	hine Branske
	James Branske		Sherry Josephine	
Signature	e of Debtor 1		Signature of Debtor 2	
Date O				

## Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 39 of 57

ebtor 1	William James Br	anske		
	First Name	Middle Name	Last Name	
Debtor 2 Spouse if, filing)	Sherry Josephine First Name	Branske Middle Name	Last Name	
Inited States B	Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LLINOIS	
Case number f known)				☐ Check if this is an amended filing
tatemen as complete	and accurate as possib	le. If two married people are f	als Filing for Bankruptcy iling together, both are equally responsik form. On the top of any additional pages	
	Details About Your Mar	ital Status and Where You Liv	ed Before	
	arried			
□ No ■ Yes. L	e last 3 years, have you li	red in the last 3 years. Do not inc  Dates Debtor 1  lived there	•	Dates Debtor 2 lived there
□ No ■ Yes. L  Debtor 1 F	e last 3 years, have you liversist all of the places you liversist Address:	red in the last 3 years. Do not inc  Dates Debtor 1	clude where you live now.	
□ No ■ Yes. L  Debtor 1 F  215 E. No Aurora, I	e last 3 years, have you live List all of the places you live Prior Address:  ew York St IL 60515  Farnsworth Ave	Dates Debtor 1 lived there From-To:	clude where you live now.  Debtor 2 Prior Address:	lived there ☐ Same as Debtor 1
□ No ■ Yes. L  Debtor 1 F  215 E. No Aurora, I	e last 3 years, have you live List all of the places you live Prior Address:  ew York St IL 60515  Farnsworth Ave	Dates Debtor 1 lived there From-To: 2/2014 - 3/2015	Debtor 2 Prior Address:  Same as Debtor 1	lived there ☐ Same as Debtor 1 From-To: ☐ Same as Debtor 1
□ No ■ Yes. L  Debtor 1 F  215 E. No Aurora, I	e last 3 years, have you live List all of the places you live Prior Address:  ew York St IL 60515  Farnsworth Ave	Dates Debtor 1 lived there From-To: 2/2014 - 3/2015  From-To: 3/2015 - 3/2016	Debtor 2 Prior Address:  Same as Debtor 1  Same as Debtor 1  Same as Debtor 1  Au5 Granville Ave	lived there  ☐ Same as Debtor 1 From-To:  ☐ Same as Debtor 1 From-To:  ☐ Same as Debtor 1 From-To:

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 40 of 57

Debtor 1
Debtor 2
William James Branske
Sherry Josephine Branske
Case number (if known)

Pa	rt 2 Expla	ain the Sources of You	r Income			
4.	Fill in the to	tal amount of income yo	u received from all jobs and a	g a business during this ye all businesses, including part- e together, list it only once un		ndar years?
	□ No ■ Yes. F	ill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of current year until led for bankruptcy:	■ Wages, commissions, bonuses, tips	\$4,288.03	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	
	r last calend anuary 1 to D	lar year: December 31, 2015 )	■ Wages, commissions, bonuses, tips	\$23,924.00	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	
		ar year before that: December 31, 2014)	■ Wages, commissions, bonuses, tips	\$3,000.00	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	
5.	Include inco	ome regardless of wheth ublic benefit payments;	pensions; rental income; inter	amples of other income are all	imony; child support; Social S ed from lawsuits; royalties; ar nly once under Debtor 1.	

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	SSI	\$8,256.00
		\$0.00	Disability	\$10,320.00
For last calendar year: (January 1 to December 31, 2015)	Federal Tax Return	\$4,019.05		
		\$0.00	Disability	\$11,000.00
For the calendar year before that: (January 1 to December 31, 2014)		\$0.00	Disability	\$11,000.00

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 41 of 57

			es Branske phine Branske		Cas	se number (if known)		
Par	t 3: List	Certain Pa	yments You Made Be	efore You Filed for Bankru	ıptcy			
6.				primarily consumer debts				
0.	□ No.	Neither De	ebtor 1 nor Debtor 2 h	nas primarily consumer do , family, or household purp	ebts. Consumer deb	ts are defined in 1°	I U.S.C. § 101	(8) as "incurred by an
		During the	90 days before you file	ed for bankruptcy, did you p	pay any creditor a tota	al of \$6,425* or mo	ore?	
		□ No.	Go to line 7.					
		Yes	paid that creditor. Do not include payments	itor to whom you paid a tota not include payments for c s to an attorney for this ban 19 and every 3 years after	lomestic support obli kruptcy case.	gations, such as c	hild support an	
	■ Yes.	Debtor 1 c	or Debtor 2 or both ha	ave primarily consumer do ed for bankruptcy, did you p	ebts.		•	
		■ No.	Go to line 7.					
		☐ Yes	List below each credi	itor to whom you paid a tota domestic support obligatio cruptcy case.				
	Creditor's	s Name and	d Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
		List all paym	nents to an insider. Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	insider?		you filed for bankrup	tcy, did you make any pa	yments or transfer a	any property on a	ccount of a d	ebt that benefited an
	■ No	liat all nave	aanta ta an inaidar					
		Name and	nents to an insider	Dates of payment	Total amount	Amount you	Reason for	this payment
	msidel 3	ivanie and	Addiess	bates of payment	paid	still owe	Include cred	
Par	t 4: Ider	ntify Legal /	Actions, Repossessio	ons, and Foreclosures				
9.	List all suc	h matters, ii		tcy, were you a party in a y cases, small claims action				
	■ No □ Yes.	Fill in the de	etails.					
	Case title			Nature of the case	Court or agency		Status of th	e case
10.			you filed for bankrup nd fill in the details belo	tcy, was any of your prop	erty repossessed, f	oreclosed, garni	shed, attached	d, seized, or levied?
	_	o to line 11 Fill in the inf	formation below.					
		Name and		Describe the Property		Date		Value of the
				Explain what happene				property

Official Form 107

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 42 of 57

Debtor 1 William James Branske
Debtor 2 Sherry Josephine Branske

Case number (if known)

	Creditor Name and Address	Describe the Property	Date	Value of the property
	Illinois Repossession Agency 814 S. Westwood Ave. Addison, IL 60101	Explain what happened  2003 Harley Davidson electraglide ultra classic  —	03/14/2016	\$14,000.00
		<ul><li>■ Property was repossessed.</li><li>□ Property was foreclosed.</li><li>□ Property was garnished.</li></ul>		
		☐ Property was attached, seized or levied.		
	Wells Fargo Bank P.O. Box 25341	2015 Nissan Sentra Black	12/27/2015	\$25,000.00
	Santa Ana, CA 92799	<ul><li>■ Property was repossessed.</li><li>□ Property was foreclosed.</li><li>□ Property was garnished.</li></ul>		
		☐ Property was attached, seized or levied.		
11.	accounts or refuse to make a payment b ■ No □ Yes. Fill in the details.	_		
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
<b>Par</b> 13.		ns ruptcy, did you give any gifts with a total value of more	than \$600 per person	?
	Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and	· ·	Dates you gave the gifts	Value
14.	Within 2 years before you filed for banks  No  Yes. Fill in the details for each gift or or	ruptcy, did you give any gifts or contributions with a to	tal value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	·	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankru or gambling?	uptcy or since you filed for bankruptcy, did you lose an	ything because of the	ft, fire, other disaster,
	No			
	☐ Yes. Fill in the details.  Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i>	Date of your loss	Value of property lost

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 43 of 57

Debtor 1 William James Branske
Debtor 2 Sherry Josephine Branske

Case number (if known)

Par	t 7: List Certain Payments or Transfers				
16.	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared.	aring a bankruptcy pet	ition?		
	■ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and votransferred	alue of any proper	Date payment or transfer was made	Amount of payment
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you	or to make payments			operty to anyone who
	■ No				
	☐ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and vitransferred	alue of any proper	Date payment or transfer was made	Amount of payment
18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other the transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your profinctude gifts and transfers that you have already listed on this statement.  No					
	Yes. Fill in the details.				
	Person Who Received Transfer Address	Description and vo		Describe any property or payments received or debt paid in exchange	Date transfer was made
	Person's relationship to you				
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No		y property to a sel	f-settled trust or similar dev	rice of which you are a
	☐ Yes. Fill in the details.				
	Name of trust	Description and v	alue of the proper	ty transferred	Date Transfer was made
Par	List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Stora	ge Units	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No  Yes. Fill in the details.	other financial accour	nts; certificates of		
		Last 4 digits of	Type of account	or Date account was	Last balance
		account number	instrument	closed, sold, moved, or transferred	before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, any s	afe deposit box or other de	pository for securities,
	■ No □ Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St		escribe the contents	Do you still have it?

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 44 of 57

Debtor 1 William James Branske
Debtor 2 Sherry Josephine Branske

Case number (if known)

22	Have you stored property in a storage unit or pla	ice other than your home within 1	vear before you filed for bankruptcy	?
22.		ioc other than your nome within t	your borote you mou for burningploy	•
	■ No			
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	Someone Else		
23.	Do you hold or control any property that someor for someone.	ne else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust
	■ No			
	Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Information	tion		
For	ne purpose of Part 10, the following definitions a	apply:		
_	Environmental law means any federal, state, or leaving substances, wastes, or material into the air regulations controlling the cleanup of these sub	r, land, soil, surface water, ground stances, wastes, or material.	dwater, or other medium, including st	atutes or
	Site means any location, facility, or property as one own, operate, or utilize it, including disposal s	•	law, whether you now own, operate, o	or utilize it or used
	<i>Hazardous material</i> means anything an environn hazardous material, pollutant, contaminant, or si		s waste, hazardous substance, toxic s	substance,
Rep	rt all notices, releases, and proceedings that yo	u know about, regardless of wher	n they occurred.	
		· -	•	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ental law?
	No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any r	,		
	■ Ma			
	■ No □ Yes. Fill in the details.			
		Cavaramantal unit	Environmental law if you	Data of nation
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or administ	trative proceeding under any envi	ironmental law? Include settlements a	and orders.
	No			
	Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Conn	•		
27.	Within 4 years before you filed for bankruptcy, d	id you own a business or have an	ny of the following connections to any	/ business?
-	☐ A sole proprietor or self-employed in a tr	•		
	☐ A member of a limited liability company (	(LLC) or limited liability partnersh	ip (LLP)	

Entered 10/27/16 17:03:38 Case 16-34371 Doc 1 Filed 10/27/16 Desc Main Page 45 of 57 Document William James Branske Debtor 1 Debtor 2 **Sherry Josephine Branske** Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ William James Branske /s/ Sherry Josephine Branske William James Branske **Sherry Josephine Branske** Signature of Debtor 1 Signature of Debtor 2 Date October 27, 2016 Date October 27, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

#### Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 46 of 57

Fill in this infor	mation to identify your	case:		
Debtor 1	William James Branske			
	First Name	Middle Name	Last Name	
Debtor 2	Sherry Josephine	e Branske		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a  Reaffirmation Agreement.	Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

## Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 47 of 57

Case number (if knot	vn)
☐ Retain the property and redeem it	☐ Yes
☐ Retain the property and enter into a	_ 100
Reaffirmation Agreement.	
☐ Retain the property and [explain]:	
3	
nexpired leases are leases that are still in effect;	the lease period has not yet ended.
	Will the lease be assumed?
	□ No
	☐ Yes
	Li res
	□ No
	<b></b>
	☐ Yes
	□ No
	☐ Yes
	☐ Yes
	□ No
	☐ Yes
	□ No
	☐ Yes
	□ No
	☐ Yes
	□ No
	☐ Yes
ny intention about any property of my estate that	secures a debt and any personal
ny intention about any property of my estate that	secures a debt and any personal
X /s/ Sherry Josephine Bransl	
	Reaffirmation Agreement.  Retain the property and [explain]:

Official Form 108

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 52 of 57

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In	William James Branske  Sherry Josephine Branske		Case No.		
	_ Cherry Coophine Prancic	Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN			` ,	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:				
	For legal services, I have agreed to accept		\$	0.00	
	Prior to the filing of this statement I have received		\$	0.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	bers and associates of i	my law firm.
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name				w firm. A
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	<ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. [Other provisions as needed]</li> <li>Exemption planning.</li> </ul>	ment of affairs and plan which	may be required;	-	ıptcy;
б.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding: negotia filing of reaffirmation agreements and ap USC 522(f)(2)(A) for avoidance of liens of	chargeability actions, judi tions with secured credito plications as needed; pre	cial lien avoidanc ors to reduce to m	arket value; prepar	ation and
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any is bankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the del	btor(s) in
October 27, 2016		/s/ Lawrence W. I	_obb		
Date		Lawrence W. Lob	b		
		Signature of Attorney  Drendel & Jansons Law Group			
		111 Flinn St.	•		
		Batavia, IL 60510 630-406-5440 Fa			
		lwl@batavialaw.c			
		Name of law firm			

Case 16-34371 Doc 1 Filed 10/27/16 Entered 10/27/16 17:03:38 Desc Main Document Page 53 of 57

### United States Bankruptcy Court Northern District of Illinois

In re	William James Branske Sherry Josephine Branske		Case No.	
	oner, coop	Debtor(s)	Chapter 7	
	VER	RIFICATION OF CREDITOR M	<b>IATRIX</b>	
		Number of Creditors:		39
	(our) knowledge.	nereby verifies that the list of credi		·
Date:	October 27, 2016	/s/ William James Branske		
		William James Branske Signature of Debtor		
Date:	October 27, 2016	/s/ Sherry Josephine Bransko	9	
		Sherry Josephine Branske		<del></del>
		Signature of Debtor		

ATG Credit

ATG Credit, LLC 1700 W. Cortland St. Ste. 201 Chicago, IL 60622

ATG Credit, LLC P.O. Box 14895 Chicago, IL 60614-4895

BHS Digestive Disease Associates 3722 S. Harlem Suite 102 Riverside, IL 60546

Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238

Chase-BP Attn: Correspondence Dept P.O. Box 15298 Wilmington, DE 19850

Chicago Health Medical Group P.O. Box 14000 Belfast, ME 04915-4033

Chicago Market Labs 3231 S. Euclid Ave Berwyn, IL 60402-3467

CMRE Financial Services Inc 3075 E Imperial Hwy. Suite 200 Brea, CA 92821

CMRE Financial Services Inc. 3075 E. Imperial Hwy. #200
Brea, CA 92821-6753

Comcast 155 Industrial Dr. Elmhurst, IL 60126-1618

Comenity Bank/Carson's 3100 Easton Square Place Columbus, OH 43219

Dependon Collection service , Inc. P.O. BOX 4833 Oak Brook, IL 60522-4833

Diversified Consultants Inc PO Box 551268 Jacksonville, FL 32255-1268

ESB/Harley-Davidson Credit Corp. P.O. Box 21829 Carson City, NV 89721

Frontier Communication 19 John St Middletown, NY 10940

Illinois Pathology Associates, Ltd. P.O.Box 5965 Carol Stream, IL 60197-5965

J.B. Robinson Jewelers 375 Ghent Rd Fairlawn, OH 44333

Kohl's/Capital One N56 W 17000 Ridgewood Dr. Menomonee Falls, WI 53051

Liam Dixon 556 W. Galena Blvd Aurora, IL 60506

M3 Financial services, Inc. P.O. Box7230 Westchester, IL 60154-6230

MacNeal Hospital 2384 Paysphere Circle Chicago, IL 60674-0023

MacNeal Physicians Group 2384 Paysphere Circle Chicago, IL 60674-0023

Macy's Dept Store National Bank 9111 Duke Blvd Mason, OH 45040

Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804

Metropolitan Advanced Radiology 1700 W. Cortland St. Ste 2 Chicago, IL 60622

Metropolitian Advanced Radiological 1362 Paysphere Circle Chicago, IL 60674-1362

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

Miramed Revenue Group 991 Oak Creek Drive Lombard, IL 60148-6408

Monterey Financial Services, Inc. 4095 Avenida de La Plata Oceanside, CA 92056

North American Partners-Anesthesia P.O. Box 69 Glen Head, NY 11545-0069

Personal Physicians 5909 W. 35th St Cicero, IL 60804-4163 Portfolio Recovery Associates, Inc. 287 Independence Virginia Beach, VA 23462

Presence Behavioral Health 1820 S. 25th Ave Broadview, IL 60155

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